

Brooklyn College IACUC Amendment Request Form

Changes to existing approved protocols require the approval from the Institutional Animal Care and Use Committee prior to implementation. This form has been developed to obtain the pertinent information to provide adequate review for your proposed changes.

If you require help with this form, please contact the Research Compliance Office at (718) 951-5000 x3829/5519 or send an email to iacuc@brooklyn.cuny.edu.

INSTRUCTIONS FOR SUBMISSION

- This form **must be typewritten**.
- Please complete all questions in the application.
- **Email to:** iacuc@brooklyn.cuny.edu.

PROJECT INFORMATION

Protocol Number:

Protocol Title:

PRINCIPAL INVESTIGATOR

Please note - Each protocol can only have one "PI". Multiple "Co-PIs" may be identified. **The role of Principal Investigator must be filled by a full-time faculty member of CUNY.**

Name	
College	<input type="checkbox"/> Baruch College <input type="checkbox"/> Brooklyn College
Department	
Email	
Telephone	
Office:	
Lab:	
Home:	

REQUESTED CHANGES

Select all the changes that apply and complete the corresponding sections below:

	Change	Section to be Completed
<input type="checkbox"/>	Animal Use Procedures <i>(i.e. surgery, euthanasia, blood collection, special diet, etc)</i>	A
<input type="checkbox"/>	Increase in Animal Numbers	B
<input type="checkbox"/>	Species- addition and/or removal	C
<input type="checkbox"/>	Strain <i>(if phenotype could potentially affect the welfare of the animal)</i>	D
<input type="checkbox"/>	Principal Investigator <i>The role of Principal Investigator must be filled by a full-time faculty member of CUNY.</i>	E

A. Animal Use Procedures

Describe the proposed procedure(s) or change in procedures to be performed in addition to those already approved in the protocol. Include how this relates to the original goal of the approved protocol. If you must refer to the approved procedures in your description, please explain clearly identify the proposed (changed/new) procedure.

B. Increase in Animal Numbers

Please complete B1 and B2. Please only describe the numbers needed beyond those that were approved in the original submissions.

1. Number of animals requested:

Please provide the number and species of animals requested in the table below:

Species	Number Procured (Purchased)	Number Transferred (provide protocol #)	Number Bred

2

2. Animal Number Justification

Please provide justification for the number of animals requested in B1. Include how these animals will be used in the project.

C. Change in Species

Please describe what species you would like to add to the protocol. Include Scientific Justification for the addition of the animals.

D. Change in Strain

Describe the phenotype and list any conditions that are not normal in healthy animals.

E. Change in Principal Investigator

1. *List the new principal investigator and contact information. **The role of Principal Investigator must be filled by a full-time faculty member of CUNY.***

Name	
College	<input type="checkbox"/> Baruch College <input type="checkbox"/> Brooklyn College
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2. *Please explain the reason for the change in PI and the individual's qualifications as pertaining to accepting responsibilities for this particular project.*

As the current Principal Investigator, I authorize the transfer of this protocol to the PI listed above:

Signature of Current Principal Investigator

Date

CERTIFICATION BY NEW PRINCIPAL INVESTIGATOR (For Change in PI)

As Principal Investigator, I certify to the following:

1. *My staff and I will comply with all standards for animal care and investigation established in the **Guide for the Care and Use of Laboratory Animals** and will follow all policies established by Brooklyn College to assure that these standards are met.*
2. *I assume responsibility for the work described in the protocol.*
3. *All individuals working with the animals on the protocol are qualified by virtue of training or experience to perform proper handling, experimental, and restraint techniques required for the species to be used.*
4. *I recognize my responsibility to identify occupational health hazards related to this protocol including identifying hazards, providing the necessary training for those involved, and supplying the appropriate protective clothing and equipment to minimize the risks.*

Signature of Principal Investigator

Date

ASSURANCE

- *I certify that the above information is correct and agree to accept responsibility for this project, including the training and supervision of individuals involved in this project.*
- *I certify that I have determined that the research proposed herein is not unnecessarily duplicative of previously reported.*
- *I will obtain approval from the IACUC before initiating any significant changes in this study.*
- *I have read the Guide for the Care and Use of Laboratory Animals (Institute of Laboratory Animal Resources NRC, 2012, National Academy Press) and agree to abide by its recommendations:*

Signature of Principal Investigator

Date